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| Case Number: | CM14-0199471 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 11/03/1993 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66 year old with a work injury dated 11/3/93. The diagnoses include lumbago, sciatica, lumbar post laminectomy syndrome, neuralgia, long Rx use, neuralgia, myofascial pain syndrome. Under consideration are requests for Lidocaine. A 10/1/14 progress note states that the patient presents to the office with ongoing lower back pain that often times has spasm at her waist down to the top of her buttocks. Patient has had a TENS Unit in the past but it is so old that it does not work any longer Patient is stable with her current meds schedule. She still suffers from severe insomnia and wants to taper down off of Temazepam because she's read articles were actually promotes Alzheimer's like disease. She would like to have Temazepam to where she can lower the dose down Increments Currently takes Temazepam 30 mg every HS (bedtime). She presented with back pain. In addition, she presented with pain scale of 4/10 and this is with medications. Her medications include lactulose, lorazepam, Buspar, Docusate, Temazepam, Soma, Restoril, and Avinza. On musculoskeletal exam spine is tender at the lumbar spine, facet joints with crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. There is left palpation tender at joint line, Right palpation tender at joint line. There is left range of motion crepitus, decreased flexion, pain with flexion and decreased extension. There is right range of motion crepitus, decreased flexion, pain with flexion and decreased extension. The treatment plan included a urine drug screen; a refill of medications, and H wave treatment. Urine drug screens were performed on 1/6/14 as well as 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidocaine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The documentation does not reveal post herpetic neuralgia. The documentation does not discuss Lidocaine or why it is being requested. The request as written is not specific on formulation of Lidocaine, strength or quantity. The request therefore for Lidocaine is not medically necessary.